



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: Dec 31 2008 to Dec 31 2009

1. Committee I.D. Number <u>138270</u>	4. Candidate Last Name <u>Schwidge</u> First Name <u>Ron</u> M.I. <u>A</u>
2. Committee Name <u>CTE Ron Schwidge For Charles Comm.</u>	4a. Office Sought Including District # or Community Served (if applicable) <u>Charles Commissioner</u>
5. Committee's Mailing Address <u>15824 Charles R</u> <u>Eastpointe MI 48024</u> Area Code and Phone <u>586 344 4478</u>	4b. County of Residence <u>Macomb</u>
6. Treasurer's Name & Residential Address <u>Same</u>	6. Treasurer's Name & Residential Address <u>Same</u>
7. Treasurer's Business Address <u>Same</u>	8. Designated Record keeper's Name and Mailing Address (If committee has Designated Record keeper)
Area Code and Phone _____	Area Code & Phone _____

RECEIVED
FEB - 4 - 2010
CARMELLA A. BAUGH
MACOMB COUNTY CLERK

9. TYPE OF STATEMENT

9a. ☐ Pre-Election OR 9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

☐ Primary ☐ General
☐ Convention ☐ School
☐ Special ☐ Caucus

Date of Election, Convention or Caucus _____

9c. ☒ Annual Statement 2009 Coverage Year)9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)9e. ☒ Dissolution of Candidate Committee

Effective Date of Dissolution

Feb 4th 2010

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record keeper Ron Schwidge Type or Print Name [Signature] Signature Date Feb 4th 2010

Candidate Ron Schwidge Type or Print Name [Signature] Signature Date Feb 4th 2010



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number

138270

2. Committee Name

CCE Ron Schuchert For Charter Comm.

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 0	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ 0	(18.) \$ 0
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ 0	(19.) \$ 0
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ 0	(20.) \$ 0
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-K, Column 7)	(6.) \$ 0	(21.) \$ 0
7. In-Kind Expenditures (Schedule 1B-1K, Column 6)	(7.) \$ 0	(22.) \$ 0
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ 0	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ 0	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ 0	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ 0	(23.) \$ 0
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ 0	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ 0	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ 0	(24.) \$ 0
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ 0	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ 0	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ 0	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ 0	
	(15.) = \$ 0	
15. SUBTOTAL Add lines 13 and 14		
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ 0	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ 0	